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Application Number	New Application
Filing Date	
First Named Inventor	Oles
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	65825-0131

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	/David J Oles/	Date	04/24/2006
Name	David J Oles	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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